

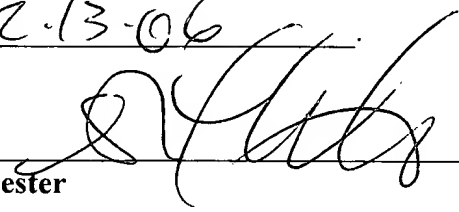


*Fee* *2614*

**CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 2-13-06  
  
\_\_\_\_\_  
**Jeffrey R. Kuester**

In Re Application of:

**Rodriguez, et al.**

Group Art Unit: **2614**

Serial No.: **09/693,784**

Examiner: **Beliveau, Scott E.**

Filed: **October 20, 2000**

Docket No. **A-6690 (191910-1600)**

For: **System and Method for Reminders of Upcoming Rentable Media Offerings**

The following is a list of documents enclosed:

Return Postcard  
Petition for Extension of Time (3 months)  
Amendment Transmittal  
Fee Transmittal  
Credit Card Authorization - Authorizing \$1020.00  
Response to Non-Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant: Rodriguez, et al.

Docket No.

A-6690 (191910-1600)

Serial No.  
09/693,784

Filing Date  
October 20, 2000

Examiner  
Beliveau, Scott E.

Confirmation No.  
8546

Group Art Unit  
2614

Invention: **SYSTEM AND METHOD FOR REMINDERS OF UPCOMING RENTABLE MEDIA OFFERINGS**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is a Petition for Extension of Time (3 Months); and a Response to Non-Final Office Action; and IDS in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	<u>16</u> -	82 =	0	X \$50.00	\$0
INDEP. CLAIMS	<u>2</u> -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input checked="" type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$1020.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1020.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1200.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Jeffrey R. Kuester, Reg. No. 34,367

2-13-06  
Date